



Application Data Sheet Under 37 C.F.R. § 1.76

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: Artificial Vertebral Disk Replacement Implant with Crossbar Spacer and Method

Attorney Docket Number:: KLYCD-05008US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Formal Drawing Sheets:: 8

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Steve
Middle Name::
Family Name:: Mitchell
Name Suffix::
City of Residence:: Pleasant Hill
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 776 Duke Circle
City of mailing address:: Pleasant Hill
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94523

Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800
Fax Number: 415/362-2928
E-Mail address:: officeactions@fdml.com

Representative Information

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|----------------------------------|-------|--|
| Representative Customer Number:: | 23910 | |
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Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
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| This application | claims benefit under 35 USC 119(e) of | 60/422,021 | 10/29/02 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name:: St. Francis Medical Technologies, Inc.
Street of mailing address:: 1900 Bates Avenue, Suite L
City of mailing address:: Concord
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94520